

OFFICIAL RECORD  
Requested By:  
WALTRAUT SCHROEDER

APN# 1220-21-110-057

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00  
BK-0309 PG-0122 RPIT: 0.00



**Recording Requested by:**

Name: Waltraut Schroeder  
Address: 764 Raab Court  
City/State/Zip: Gardnerville, NV 89460

**When Recorded Mail  
and Send Tax statements  
to:**

Name: Waltraut Schroeder  
764 Raab Court  
Gardnerville, NV 89460

for Recorder's use only )

**Affidavit of Death of Trustee**

**Please complete Affirmation Statement below:**

WALTRAUT SCHROEDER, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)

*Waltraut L. Schroeder*

Signature: WALTRAUT SCHROEDER

*Trustee*

Title:

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

APN: 1220-21-110-057

MAIL TAX STATEMENTS TO &  
RECORDING REQUESTED BY:

Mrs. Waltraut Schroeder  
764 Raab Court  
Gardnerville, Nevada 89460

AFFIDAVIT OF DEATH OF TRUSTEE

I, **WALTRAUT SCHROEDER**, the undersigned, affirm under penalty of perjury that the assertions of this Affidavit are true and deposes and says that Affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

I hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 40.525 and NRS 111.365.

1. By instrument dated March 19, 1997, **KARL SCHROEDER** and I executed **THE SCHROEDER FAMILY TRUST AGREEMENT** ("Trust").

2. Said Trust appointed me to serve as sole Trustee upon the death or incapacity of **KARL SCHROEDER**.

3. **KARL SCHROEDER** died on September 24, 2004 at Carson Valley Medical Center, Emergency Room, in Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached



hereto as Exhibit "A" is a certified copy of the death certificate of said KARL SCHROEDER.

4. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

5. The following described real property part is part of the trust estate. See Exhibit "B" attached hereto and made a part hereof.

6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

7. No other person has a right to the interest of the Trust in the described property.

8. The described property shall be transferred to me as Successor Trustee.

*28th February 2.28*

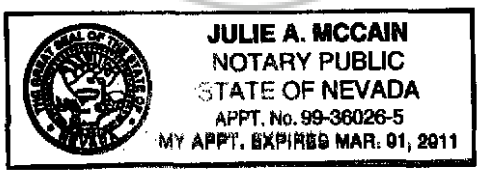
EXECUTED AND DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

*Waltraut L. Schroeder*  
WALTRAUT SCHROEDER

STATE OF NEVADA )  
                              : ss.  
COUNTY OF DOUGLAS )

This instrument was acknowledged, signed and sworn to before me on *Feb 28, 2009*, 2009, by WALTRAUT SCHROEDER.

*Julie A. McCain*  
NOTARY PUBLIC



## EXHIBIT "B"

### Legal description:

Lot 20 as set forth on the Final Map of TILLMAN ESTATES, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 12, 1994, in Book 494, at Page 2192, as Document No. 334956.

SUBJECT TO COVENANTS, CONDITIONS AND RESTRICTIONS NOW OF RECORD UNDER DOCUMENT NO. 336073, OF OFFICIAL RECORDS.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

**Physical Address:** 764 Raab Court, Gardnerville, Nevada 89460

**APN:** 1220-21-110-065

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. <b>Karl A. SCHROEDER</b>		2. <b>September 24, 2004</b>	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. <b>Gardnerville</b>		3a. <b>Douglas</b>	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. <b>Carson Valley Medical Center</b>		3e. <b>Emergency Room</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. <b>White</b>		4. <b>Male</b>	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6. _____		7a. <b>74</b>	
CITIZEN OF WHAT COUNTRY (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. <b>Berlin</b>		11. <b>Married</b>	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. <b>1350</b>		12. <b>Waltreut Zimmermann</b>	
USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. <b>Machinist</b>		14b. <b>Medical Equipment</b>	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. <b>Nevada</b>		15c. <b>Gardnerville</b>	
COUNTY		STREET AND NUMBER	
15b. <b>Douglas</b>		15d. <b>764 Raab Ct.</b>	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. <b>Artur Schroeder</b>		17. <b>Emma Neubauer</b>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Waltreut Schroeder - Wife</b>		18b. <b>764 Raab Ct, Gardnerville, Nevada 89460</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. <b>Cremation</b>		19b. <b>FitzHenry's Crematory</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. <b>Carson City, Nevada</b>	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. <b>217</b>		20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>	
To be completed by CERTIFYING PHYSICIAN		To be completed by Coroner's Office	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
(Signature and Title) <i>[Signature]</i>		(Signature and Title) _____	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <b>28 Sep 04</b>		22b. _____	
HOUR OF DEATH		HOUR OF DEATH	
21c. <b>1526</b>		22c. _____	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. _____		22d. ON _____	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. <b>Thomas Merry M.D., 1107 Hwy 395, Gardnerville, NV 89410</b>		22e. AT _____	
REGISTRAR		LICENSE NUMBER	
24a. (Signature) <i>[Signature]</i>		23b. <b>7634</b>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. <b>September 29, 2004</b>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) <b>Respiratory failure</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <b>Pulmonary Fibrosis</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) _____		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. <b>No</b>		27. <b>Yes</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. _____		28b. _____	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. _____		28d. _____	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. _____		28f. _____	
LOCATION.		STREET OR R.F.D. No.	
28g. _____		CITY OR TOWN STATE	

**RAISED SEAL**

**STATE REGISTRAR**

**No. 274380**

**46574**

**CERTIFIED COPY OF VITAL RECORDS**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar of Vital Records.

**SEP 29 2004**

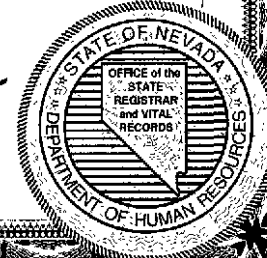
*[Signature]*

**DATE ISSUED:**

**STATE REGISTRAR**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



BK- 0309  
PG- 126  
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